

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586556

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3	2		1			
4	2		1			
5	(1)		1			
6	(1)		1			
7	(1)		1			
8	(1)		1			
9	(1)		1			
10	(1)		1			
11	(1)		1			
12	(1)		1			
13	(1)		1			
14	(1)		1			
15	(1)		1			
16	(1)		1			
17	(1)		1			
18	(1)		1			
19	(1)		1			
20	(1)		1			
21			1			
22	(1)		1			
23	1		1			
24	1		1			
25	(1)		2			
26	(1)		5			
27	1		1			
28	(1)		(1)			
29	2		2			
30	(1)		3			
31	1		1			
32	(1)		(1)			
33	(1)		3			
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50						
TOTAL IND.	5		5			
TOTAL DEP.	31	←	38	←	←	
TOTAL CLAIMS	36	[QR]	43	[QR]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	
TOTAL CLAIMS		[QR]		[QR]		